

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC

☒ CLEC

☐ ILEC

☐ Wireless

224682

CERTIFICATED COMPANY INFORMATION

2010-134A

<u>UCN, Inc.</u>		
Company Name		
<u>inContact, Inc.</u>		(866) 541-0000
Dbaf/ka		Telephone #
<u>7730 South Union Park Avenue, Suite 500</u>		
Mailing Address		
<u>Midvale, UT 84047</u>		
City, State, Zip Code		
<u>7730 South Union Park Avenue, Suite 500</u>		
Business Location		
<u>Midvale, UT 84047</u>		Salt Lake
City, State, Zip Code		County

REGISTERED AGENT INFORMATION

Registered Agent:	<u>National Registered Agents, Inc.</u>
Mailing Address:	<u>2 Office Park Court, Suite 103</u>
	<u>Columbia, SC 29223</u>
City, State, Zip Code	

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Kimm Partridge (address as above)
General Manager (Include Address if different than above)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
 Telephone Number / Facsimile Number / E-mail Address
- B. Kimm Partridge (address as above)
Customer Relations/Complaints Representative (Include Address if different than above)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
 Telephone Number / Facsimile Number / E-mail Address
- C1. Kimm Partridge (address as above)
Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
 Telephone Number / Facsimile Number / E-mail Address
800-669-3319
- C2. **Customer Contact** (Toll Free Number)
- D. Kimm Partridge (address as above)
Engineering Operations (Include Address if different than above)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
 Telephone Number / Facsimile Number / E-mail Address

- E. **Test and Repair** (Include Address if different than above)
Kimm Partridge (address as above)
Telephone Number / Facsimile Number / E-mail Address
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
- F. **Emergencies** (During Non-Office Hours)
/ /
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

- G. **Regulatory Officer** (Include Address if different than above)
Kimm Partridge (address as above)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
Telephone Number / Facsimile Number / E-mail Address
Kimm Partridge (address as above)
- H. **Dual Party Mailings** (Name)
7730 South Union Park Avenue, Suite 500, Midvale, UT 84047
(Mailing Address)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
Telephone Number / Facsimile Number / E-mail Address
Kimm Partridge (address as above)
- I. **Interim LEC Fund Mailings** (Name)
(Mailing Address)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
Telephone Number / Facsimile Number / E-mail Address
7730 South Union Park Avenue, Suite 500, Midvale, UT 84047
- J. **Universal Service Fund Mailings** (Name)
(Mailing Address)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
Telephone Number / Facsimile Number / E-mail Address
Kimm Partridge (address as above)
- K. **Gross Receipts Mailings** (Name)
7730 South Union Park Avenue, Suite 500, Midvale, UT 84047
(Mailing Address)
(866) 541-0000 / (866) 800-0007 / kimm.partridge@incontact.com
Telephone Number / Facsimile Number / E-mail Address

Kimm Partridge
This form was completed by
Corporate Secretary

Title

K E Partridge
Signature

1-11-10
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201